Detailed Plan Formfor model 1 & 2 residencies only

Artists in	Sponsor			
Residence	(the institution that submitted the g	grant)		
WSAC	Residency Site	City		
04-05	Site Coordinator	Phone		
	Name of Artist			
	Dates of Residency			
weeks before	9	the Arts Commission office no later than four esidencies will not be funded by the Arts followed.		
	rogram, Washington State Ar	rant recipients will mail this form to the Arts in ts Commission, PO Box 42675, Olympia, WA		
Arts of Was advance to the agency contact the s requirement	the coordinator at the distribute coordinator at the distribute to check this form for site coordinator about any necess, please sign the form, keep a	ral Services, Tacoma School District, and VSA detailed plan form at least six weeks in lict or agency awarded the grant. The contact at adherence to AIR contract requirements and sessary changes. When the plan adheres to all a copy, and mail two copies of the form to arrive at reeks prior to the first day of a residency.		
	Iow many classes will the artist two-week residency.)	et be working with? (Six classes is the maximum in		
2 A	re any of the classes over 35	students? (35 is the maximum)		
	Iow many hours per day will t s the maximum.)	he artist conduct workshops? (Four hours per day		
	What is the maximum number one day? (Four classes or grou	of groups or classes the artist will work with in aps are the maximum.)		
5 F	Ias each teacher involved seer	and understood the program guidelines?		
6I	requested, has studio space l	peen identified for the artist?		
2		nd sponsor been prepared, and will the shington State Arts Commission contract		

8 Have publicity plans been made?	
9 Have plans been made by sponsor to purchase and/or rent supp	olies?
10.Please list the date and time of the mandatory minimum 2 hour teacher works	shop.
11. Please list the date, time, and place of the mandatory community outreach even	t.
12. How many hours is the residency (total hours the artist is being paid for)	
13. Please attach a complete residency schedule to include dates, times, or active as teacher workshop, community outreach, or studio time) and last name of teach contact class. (Form is not complete without schedule.)	• \
14. Please attach a list of the residency goals and objectives set by the site coand artist.	ommittee
Sponsor contact	date
Sponsor contact	date
Site coordinator	date

^{*}If you need help filling out this form, please call the Arts In Education Program manager at (360) 586-2418.

Artists in	Sponsor	
Residence	(the institution that submitted the grant)	
WSAC	Residency Site	City
04-05	Site Coordinator	Phone
	Name of Artist	
	Dates of Residency	
weeks before		Arts Commission office no later than a encies will not be funded by the Arts wed. Please mail to:
	in Education Program	
	hington State Arts Commission	
PO 1	Box 42675	
Olyn List on this schedule. It	f goals and objectives for this re	r full model 3 or model 4 residency sidency have changed since the app
Olyn List on this schedule. It	npia, WA 98504-2675 form or attach to this form you	sidency have changed since the app

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Detailed Plan Form for Folk Arts Residencies for model 1 & 2 residencies employing folklorists only

Artists in	Sponsor	
Residence	(the institution that submitted the g	
WSAC		City
02-03	Site Coordinator	Phone
	Name of Folklorist	
	Dates of Residency	
weeks before		the Arts Commission office no later than four sidencies will not be funded by the Arts bllowed.
Wash PO F	in Education Program nington State Arts Commissio Box 42675 npia, WA 98504-2675	n
	ow many classes will the folkl naximum in a two-week reside	orist be working with? (Six classes is the ency.)
2 A	re any of the classes over 35 s	tudents? (35 is the maximum)
	ow many hours per day will the ay is the maximum.)	ne folklorist conduct workshops? (Four hours per
	That is the maximum number ne day? (Four classes or group	of groups or classes the folklorist will work with in os is the maximum.)
5 H	as each teacher involved seen	and understood the program guidelines?
fe		st and sponsor been prepared, and will the Washington State Arts Commission contract
7 H	ave publicity plans been made	.?
8 H	ave plans been made by spon	sor to purchase and/or rent supplies?
9. Please lis	t the date and time of the man	ndatory hour teacher workshop.

10.	Deliver a complete residency schedule to include dates, times, or activity and last name of teacher of each contact class. (Form is not complete without schedule.)				
11.	Please attach a list of the residency goals and objectives set by the site committee and artist.				
Spo	onsor contact	date			
Site	e coordinator	date			
	you need help filling out this form, please call the Arts In Education Program ma 50) 586-2418.	inager at			